

P97000089248

## FILING COVER SHEET

REFERENCE:

0150 4148

DATE:

0150 011008 10-14-98

CONTACT:

CINDY HICKS

FROM:

CORPORATE &amp; CRIMINAL RESEARCH SERVICES

101 N. MERIDIAN STREET

TALLAHASSEE, FL 32301

TELEPHONE:

222-1173

SUBJECT:

McAnn of Florida Inc.

STATE FEES PREPAID WITH CHECK #

3417

FOR \$

35

PLEASE FILE:

- ☐ ARTICLES OF INC. ☒ AMENDMENT ☐ DISSOLUTION  
☐ ANNUAL REPORT ☐ MERGER ☐ WITHDRAWAL  
☐ QUALIFICATION ☐ LIMITED PARTNERSHIP ☐ ANNUAL REPORT  
☐ FICTITIOUS NAME ☐ LIMITED LIABILITY ☐ REINSTATEMENT  
☐ TRADEMARK/SERVICE ☐ UCC-1 ☐ UCC-3

PROVIDE US WITH:

☐ CERTIFIED COPY☐ CERTIFICATE OF STATUS☒ STAMPED COPY

Examiner's Initials

R  
10/15/98
 FILED  
 OCT 14 PM 4 19  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

 RECEIVED  
 OCT 14 AM 11 25  
 DIVISION OF CORPORATION

 900002663559  
 -10/14/98-01045-028  
 \*\*\*\*\*35.00 \*\*\*\*\*35.

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF  
MCCANN OF FLORIDA, INC.**

FILED  
OCT 14 PM 3:08  
TALLAHASSEE  
FLORIDA

Pursuant to the provisions of Section 607.1006 of the Florida Business Corporation Act (the "Act"), the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. The name of the corporation is **MCCANN OF FLORIDA, INC.** (the "Corporation"), document number P97000089248, filed on October 16, 1997.

2. The following Amendment to the Articles of Incorporation was adopted by the all of the Directors of the Corporation and by all of the Shareholders of the Corporation, the number of votes cast being sufficient for approval, on October 9, 1998 in the manner prescribed by Section 607.1003 of the Act:

**RESOLVED**, that Article I of the Corporation's Articles of Incorporation shall be amended in its entirety to read as follows:

**ARTICLE I**

**Name**

The name of this Corporation is **NADIF of Florida, Inc.** (hereinafter, the "Corporation") and its mailing address is c/o Pedro A. Martin, Esq., Greenberg Traurig, P.A., 1221 Brickell Avenue, 24<sup>th</sup> Floor, Miami, Florida 33131.

3. Except as hereby amended, the Articles of Incorporation of the Corporation shall remain the same.

**IN WITNESS WHEREOF**, the undersigned being the President of the Corporation, has executed these Articles of Amendment to Articles of Incorporation of **MCCANN OF FLORIDA, INC.** this 12<sup>th</sup> day of October, 1998.

**MCCANN OF FLORIDA, INC.,**  
a Florida corporation


By:   
Stuart S. Fisher, President

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90028 023 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000089248</b>					
1. Corporation Name <b>NADIF OF FLORIDA, INC.</b>					
Principal Place of Business <b>C/O PEDRO A. MARTIN ESQUIRE</b> <b>1221 BRICKELL AVENUE 24TH FLOOR</b> <b>MIAMI FL 33131</b>			Mailing Address <b>C/O PEDRO A. MARTIN ESQUIRE</b> <b>1221 BRICKELL AVENUE 24TH FLOOR</b> <b>MIAMI FL 33131</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>10/16/1997</b> 4. FEI Number <b>52-2085772</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fee 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>MARTIN, PEDRO A ESO</b> <b>C/O GREENBERG, TRAUIG, HOFFMAN, ET. AL</b> <b>1221 BRICKELL AVENUE - 24TH FLOOR</b> <b>MIAMI FL 33133</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
	PSD	FISHER, STUART C	1221 BRICKELL AVENUE		
		MIAMI FL 33131			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
	VPTD	MADDEN, WILLIAM	1221 BRICKELL AVENUE		
		MIAMI FL 33131			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
	VPD	EAHEY, BRUCE	1221 BRICKELL AVENUE		
		MIAMI FL 33131			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
	VPD	BERGER, MARTIN	1221 BRICKELL AVENUE		
		MIAMI FL 33131			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP		
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP		
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP		
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP		
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/16/1997**  
 4. FEI Number  
**52-2085772**  
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required  
 6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fee  
 8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code

FL 85 Zip Code

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089248

1. Entity Name

NADIF OF FLORIDA, INC.

FILED  
Feb 28, 2000 8:00 am  
Secretary of State

01 28 2000 9:15:11 028 11155000

Principal Office Address

C/O PEDRO A. MARTIN ESCUPE  
1221 BRICKELL AVENUE 24TH FLOOR  
MIAMI FL 33131

Mailing Address

C/O PEDRO A. MARTIN ESCUPE  
1221 BRICKELL AVENUE 24TH FLOOR  
MIAMI FL 33131

VENDOR STATE OF THIS REPORT

2. Principal Office Address		3. Mailing Address		4. Filing Year		5. Filing Fee	
State, Post Office		State, Post Office		52-2085772		Apply Fee Not Applicable	
City & State		City & State		6. Additional Fee (if any)		7. Additional Fee (if any)	
Zip		County		8. Additional Fee (if any)		9. Additional Fee (if any)	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTIN, PEDRO A ESQ  
C/O GREENBERG, TRAUBER, HOFFMAN, ET. AL  
1221 BRICKELL AVENUE 24TH FLOOR  
MIAMI FL 33131Name  
Street Address (P.O. Box Number for Foreign Mail)

City State Zip

10. The above information is true and correct to the best of my knowledge and belief, and I am not aware of any facts which would make the same untrue.

11. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and I am not aware of any facts which would make the same untrue.

12. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and I am not aware of any facts which would make the same untrue.

13. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and I am not aware of any facts which would make the same untrue.		14. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and I am not aware of any facts which would make the same untrue.	
15. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and I am not aware of any facts which would make the same untrue.		16. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and I am not aware of any facts which would make the same untrue.	

17. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and I am not aware of any facts which would make the same untrue.

18. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and I am not aware of any facts which would make the same untrue.

19. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and I am not aware of any facts which would make the same untrue.

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22. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and I am not aware of any facts which would make the same untrue.

23. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and I am not aware of any facts which would make the same untrue.

24. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and I am not aware of any facts which would make the same untrue.

25. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and I am not aware of any facts which would make the same untrue.

26. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and I am not aware of any facts which would make the same untrue.

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31. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and I am not aware of any facts which would make the same untrue.

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33. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and I am not aware of any facts which would make the same untrue.

34. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and I am not aware of any facts which would make the same untrue.

35. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and I am not aware of any facts which would make the same untrue.

Division of Corporations

<https://ocfls1.dos.state.fl.us/scripts/aficover.asp>

P 97000089248

Florida Department of State  
 Division of Corporations  
 Public Access System  
 Katherine Harris, Secretary of State

## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000146871 7)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
 Fax Number : (850) 205-0380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
 Account Number : 072450003255  
 Phone : (305) 634-3694  
 Fax Number : (305) 633-9696

RECEIVED  
 02 JUN -4 AM 1:13  
 DIVISION OF CORPORATIONS

FILED  
 02 JUN -3 PM 4:10  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

## BASIC AMENDMENT

ONE HARBORVIEW, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

AMEND  
 9/26  
 6/13

③

402000146871  
ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF  
ONE HARBORVIEW, INC.

FILED  
02 JUN -3 PM 4:10  
TALLAHASSEE  
SECRETARY OF STATE

Pursuant to the Florida Business Corporation Act (the "Act"), the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. The name of the corporation is **ONE HARBORVIEW, INC.** (the "Corporation"), document number P97000089248, filed on October 16, 1997.

2. The following Amendment to the Articles of Incorporation was adopted by the all of the Directors of the Corporation and by all of the Shareholders of the Corporation, the number of votes cast being sufficient for approval in the manner prescribed by the Act:

The registered agent / registered office of the Company is hereby replaced with the following (see attached Certificate of Designation of Registered Agent / Registered Office):

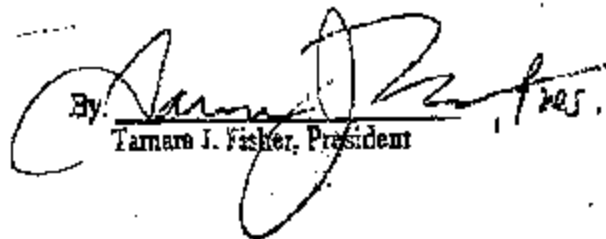
Registered Agent: Tamara J. Fisher

Registered Office: 173 Root Trail  
Palm Beach, Florida 33480

3. Except as hereby amended, the Articles of Incorporation of the Corporation shall remain the same.

IN WITNESS WHEREOF, the undersigned being the President of the Corporation, has executed these Articles of Amendment to Articles of Incorporation of **ONE HARBORVIEW, INC.**

**ONE HARBORVIEW, INC., a Florida  
corporation**

By  Pres.  
Tamara J. Fisher, President

402000146871

03 P. 03

402000146871

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF THE FLORIDA STATUTES, THE UNDERSIGNED CORPORATION SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the corporation is: ONE HARBORVIEW, INC.
2. The name and the Florida street address of the registered agent are:

TAMARA J. FISHER  
NAME

173 Root Trail  
Palm Beach, Florida 33480  
Florida street address (P.O. BOX NOT ACCEPTABLE)

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
TAMARA J. FISHER  
SIGNATURE

402000146871

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90059 034 \*\*\*150.00

**DOCUMENT # P97000089248**

1. Entity Name

**ONE HARBORVIEW, INC.**

Principal Place of Business

**C/O PEDRO A. MARTIN ESQUIRE  
1221 BRICKELL AVENUE 24TH FLOOR  
MIAMI FL 33131**

Mailing Address

**C/O PEDRO A. MARTIN ESQUIRE  
1221 BRICKELL AVENUE 24TH FLOOR  
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **52-2085772**

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTIN, PEDRO A ESQ  
C/O GREENBERG, TRAUBIG, HOFFMAN, ET. AL  
1221 BRICKELL AVENUE - 24TH FLOOR  
MIAMI FL 33133**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. This above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent, and title (if applicable)

(NOTE: the above Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**P  
FISHER, TAMARA I  
P.O. BOX 311  
PALM BEACH FL 33480**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AddTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AddTITLE  
NAME  
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CITY-ST-ZIP☐ Change ☐ AddTITLE  
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CITY-ST-ZIP☐ DeleteTITLE  
NAME  
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CITY-ST-ZIP☐ Change ☐ AddTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Add

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 115.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1 or Block 12 changed, or on an attachment with an address, with all other like empowered.



**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000089248**

1. Entity Name

**ONE HARBORVIEW, INC.****FILED**  
**May 21, 2002 8:00 a**  
**Secretary of State**

05-21-2002 91157 043 \*\*\*150.00

Principal Place of Business

**C/O PEDRO A. MARTIN, ESQUIRE  
1221 BRICKELL AVENUE 24TH FLOOR  
MIAMI FL 33131**

Mailing Address

**C/O PEDRO A. MARTIN, ESQUIRE  
1221 BRICKELL AVENUE 24TH FLOOR  
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**52-2085772**

Apprec For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTIN, PEDRO A ESQ  
C/O GREENBERG, TRAUBIG, HOFFMAN, ET. AL  
1221 BRICKELL AVENUE - 24TH FLOOR  
MIAMI FL 33133**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed or printed name of registered agent and file it applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Incangible  
Taxing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **P FISHER, TAMARA I**  
STREET ADDRESS **P.O. BOX 311**  
CITY-ST-ZIP **PALM BEACH FL 33480**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addit  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addit  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addit  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addit  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addit  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addit  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90153 029 \*\*\*150.00

DOCUMENT # P97000089248

1. Entity Name

ONE HARBORVIEW, INC.



Principal Place of Business

C/O TAMARA J. FISHER  
173 ROOT TRAIL  
PALM BEACH FL 33480

Mailing Address

C/O TAMARA J. FISHER  
173 ROOT TRAIL  
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FBI Number

52-2085772

Applied For

Not Applied

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FISHER, TAMARA J  
173 ROOT TRAIL  
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P FISHER, TAMARA J	P.O. BOX 311	PALM BEACH FL 33480	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in block 10 or Block 11 if changed, or on an attachment with an address, with all other like requirements.

(56)